

PEEHIP Children's Health Insurance Program (CHIP)

The following outlines PEEHIP's policies and procedures for determining when children of PEEHIP members qualify for CHIP:

- ◆ Member must be enrolled in the individual PEEHIP Hospital Medical Plan.
- ◆ Member cannot carry family PEEHIP Hospital Medical Plan and CHIP.
- ◆ Member must complete the CHIP application form located in the back of this packet and return the form to the PEEHIP office within 30 days of his or her employment date or before August 31 if during the Open Enrollment period.
- ◆ Children must be under 19 years of age, eligible for the PEEHIP Hospital Medical Plan coverage, and not in an institution.
- ◆ PEEHIP does not cover maternity benefits for dependent children in the PEEHIP Hospital Medical Plan or in CHIP. In addition, PEEHIP does not cover dental or vision benefits in the PEEHIP Hospital Medical Plan or in CHIP.
- ◆ Application must be received during Open Enrollment or at the time of a qualifying event that would allow adding or deleting family coverage outside of Open Enrollment or within 30 days of a new employee's date of employment.
- ◆ Application must be accompanied by a complete, signed copy of the member's latest Federal Income Tax Return, along with copies of all pertinent W-2's and 1099's. If the member is married but filed a separate return, a copy of the spouse's latest Federal Income Tax Return, along with copies of all pertinent W-2's and 1099's, is also required.
- ◆ Application is prescreened for accuracy of the income records in relation to the income reported to the TRS for the member.
- ◆ Application is prescreened to determine if the child/children are covered by Medicaid. If the child/children are covered by Medicaid, they are not eligible for CHIP coverage.
- ◆ Family size is determined by the total number of persons who are exemptions on the Federal Tax Return.
- ◆ Income is determined as Total Income before any adjustment or deductions on the Federal Tax Return.
- ◆ The income range for qualifying for CHIP is 100% to 200% of the current Federal Poverty Level per family size. The Federal Poverty Level by family size is updated annually in February. PEEHIP will update the ranges used each Open Enrollment with the most current ranges issued.
- ◆ If the applicant is determined to be under the income/family size qualification, the applicant will be notified of potential Medicaid eligibility.
- ◆ If the applicant is determined to be within the income/family size qualifications, the applicant's children under age 19 will be enrolled in CHIP.
- ◆ The yearly premium is \$50 per child with a maximum of \$150 yearly premium for three (3) or more children.
- ◆ If the application is determined to be over the income/family qualification, the applicant will be notified that he or she does not qualify for CHIP.
- ◆ Enrollment in CHIP is only applicable for the year ending each September 30. **Members must re-enroll each Open Enrollment.**
- ◆ Coverage in PEEHIP CHIP will terminate on the last day of the month in which any of the following events occur: covered child is no longer eligible as a dependent under CHIP, death of the covered child, nineteenth birthday of the covered child, notification to PEEHIP that covered child becomes covered by other health insurance, member enrolls in the family PEEHIP Hospital Medical Plan or member terminates employment and, as a result, enrolls in PEEHIP COBRA.